2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

8/11/2003-90284-003-$8.75/$8.75

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
03 OCT 29 PM 4:41

DOCUMENT # N02000006029

1. Entity Name

COMMUNITY OUTREACH AND RESTORATION CENTER INC.

Principal Place of Business	Mailing Address
~~1504 33RD AVE E~~ 7th Ave E. ~~1504 33RD AVE E~~ 502 5th Ave Dr. E.	
BRADENTON FL 34208	BRADENTON FL 34208

2. Principal Place of Business	3. Mailing Address
1535 7th Ave E.	502 5th Ave Dr. E.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bradenton Fl. 34208	City & State: Bradenton Fl. 34208
Zip: 34208 Country: Manatee	Zip: 34208 Country: Manatee

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONALD, DEXTER N.
758 GATES CREEK RD
BRADENTON FL 34202

7. Name and Address of New Registered Agent

Name: Dexter N. McDonald
Street Address (P.O. Box Number is Not Acceptable): 758 Gates Creek Rd
City: Bradenton FL Zip Code: 34208

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Dexter N. McDonald DATE: 08-03-03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dexter N. McDonald 758 Gates Creek Rd Bradenton Fl. 34208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Zoe M. Butler 2605 1 Ave E Palmetto Fl. 34221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800023490018 10/02/03--01004--002 **52.50
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Conley Witter 4912 26th Ave E Bradenton Fl. 34208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dexter N. McDonald 08-03-03 (941) 747-5847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/02)